Patient Data Sheet

Dear Patient,
This is your first appointment at my practice. To ensure that we have a correct and complete data record for you, please fill out both sides of this form and sign it.

Many thanks!

Surname ______________________________ Academic title _________________________

First name ____________________________ Date of birth __________________________

Street _________________________________

Post code ______________________________ Town/city ______________________________

Phone no. private ____________________

mobile ____________________

business ____________________

E-mail __________________________________

Health insurance provider ________________________________ Subsidy: O Yes O No

Membership number ____________________________________

if the patient is a child (main person insured) ____

Employer ____________________________________ Occupation __________________________________

How did you find out about our practice?

O Internet O Phone book O Recommendation O Referring physician _______________

I consent to your practice sending me information by e-mail.

O Yes O No

Please turn over

The following questions relate to your medical history. The information you provide will help us to identify your medical condition and symptoms and simplify our consultation.

Do you suffer from any of the following?

O Infectious jaundice
O Rheumatic conditions
O High blood pressure
O Cardiovascular problems
O Vascular disorders
O Marcumar
O Thrombosis
O Varicose veins
O Epilepsy
O Allergies : ______________________________
O Gout
O Kidney or liver problems
O Thyroid problems
O Liver disorders
O Diabetes mellitus O requiring insulin
O Skin disorders
O Damaged discs: O treated surgically O treated conservatively

Which prescription drugs do you take regularly? _______________________________________

In which region is your current problem? ______________________________________

Hospitalisation/ surgery

When _______________________________ Why ___________________________________

When _______________________________ Why ___________________________________

When _______________________________ Why ___________________________________